## APPENDIX B RIA-RTL TRITIUM WIPE TEST ANALYSIS REQUEST FORM

FROM (complete address):	TO: Rock Island Arsenal Radiation Test Lab ATTN: SMARI-ES Rodman Ave., Bldg. 210, RM 407 Rock Island, IL 61299-5000		
Surveyor's Name:	Phone (DSN/COM/FAX):		
Post/Installation RSO:	Phone (DSN/COM):		
Radionuclide other than tritium:	Date/Time:		
Facility Building or Device(s) being tested:	Surveyor's Email:		
Diagram of Facility Room and/or Location/Description of Device	∋(s)	Sample No.	Description or Serial No.
Comments:			